

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

STATE BOARD OF PUBLIC HEALTH

GEORGE E. EBRIGHT, M.D., PRESIDENT

FRED F. GUNDRUM, M.D., VICE PRESIDENT

A. J. SCOTT, M.D.

ADELAIDE BROWN, M.D.

EDWARD F. GLASER, M.D.

ROBERT A. PEERS, M.D.

WALTER M. DICKIE, M.D.

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. VI, No. 38

October 29, 1927

GUY P. JONES
EDITOR

Rates Restaurants on
Cleanliness of Dishes.

Ever since the influenza pandemic of 1918, following which two investigators presented the theory that inefficient dish-washing in an army camp was a factor in the spread of the disease, the washing of dishes has received considerable attention. It is probable that respiratory infections, to a certain extent, may be transmitted indirectly from mouth to mouth by means of infected articles. It is also certain that this is not the way in which most transfers of infection are accomplished.

It has remained for Dayton, Ohio, however, to establish a system of rating its restaurants upon the basis of the efficiency of their dish-washing. The laboratory is used for making bacteriological examinations to determine if restaurant tableware has been properly cleansed. Following is a statement of the Dayton Department of Health upon the methods used:

"The modern trend in medicine is to substitute accuracy for guesswork; to replace the empiric by science. In conformity with this policy the health worker seeks to base the practice of preventive medicine upon scientific principles.

Just a superficial survey will disclose that practically all the usual

methods of scorecard rating of establishments where food and drink are produced, prepared and served are based largely on guesswork. Several inspectors of equal ability will vary considerably in their ratings of one of these establishments, whether it be a dairy barn, a pastuerizing plant, a candy factory, a restaurant or a soda fountain.

THE PROBLEM.

The problem which presents itself is: How can the health officials know whether actual sterilization of utensils is accomplished? Certainly the scorecard method of rating establishments does not disclose the degree of efficiency of utensil-cleansing methods.

In attempting to solve this important problem, the method of determining the cleanliness of milk was taken as a basis for consideration. For many years sanitarians have known that the actual cleanliness and purity of milk depends little, and often not at all, upon the milk barn surroundings. As long ago as 1915, Dr. North demonstrated this fact. So in the cleanliness of milk, methods rather than surroundings are taken as a basis for consideration. And further in regard to milk, the principal method of determining its sanitary condition is by bacterial count.

Also, when a milk plan inspector wishes to determine whether bottles

have been sterilized, he does not just hold one to the light and "guess" they are properly cleansed. He takes the bottle to the laboratory and determines the degree of cleanliness by scientific test. The method of determining about the proper sterilization of milk bottles gave a suggestion that possibly in some similar way it might be determined whether tableware has been properly cleansed.

ATTEMPTING A SOLUTION.

So in a food establishment, what is of greatest interest to the health worker is not the condition of floors, walls, ceilings, plumbing, etc., but he asks, to what extent do you protect the public from disease spread, by sterilizing utensils? In reality about 95 per cent of importance should be given to this latter item and 5 per cent for the value of cleanliness of surroundings. Of course every inspector just naturally knows that if the parlor is filthy and ill-kept the kitchen will likewise be filthy, so to speak. Good housekeeping in food establishments will not be limited to dishwashing, but conversely, crystal fronts and tile floors are not a guarantee that disease protection is practiced in the kitchen.

THE METHOD.

Articles of tableware—glasses, spoons, forks, or cups—are collected by the inspectors, each wrapped in a sterile towel and brought to the laboratory, where they are cultured in petri dishes by immersing the bowl of the spoon or fork or the brim of the glass in the liquid culture medium. The medium is then agitated and after proper incubation (about 48 hours) actual counts are made the same as in making milk counts. Glasses and cups are immersed, outside and inside, about one-fourth inch.

THE RATING GROUPS.

In arriving at a basis for rating groups, practical conditions constantly met in establishments were considered. As an example, while sterilization means that no cultures should be found upon plating, it was kept in mind that a restaurant can not be run upon the same principles of asepsis in all stages of operation as a surgical operating room in a hospital. Allowance had to be made for air contamination and handling in the period between washing and serving. After many tests it was determined that under a count of ten a rat-

ing of "Excellent" (or first class) would be reasonable. Other groupings are: Good, Fair, Poor, and Very Bad.

A city ordinance enacted several years ago permits health officials to publish any ratings of food and drink establishments which they may make.

THE COST.

The annual cost of this inspection is listed as follows:

Inspector's time-----	\$850 00
Laboratory expense-----	500 00
Miscellaneous -----	275 00
Total -----	\$1,625 00

This totals less than the annual salary of one inspector. As compared with the value of one inspector's time under the old system, there is such a great difference that it is impossible for an intelligent comparison to be made.

It is not considered the method of rating establishments herein described has reached perfection. Far from it. This is but a system that, while in every way fair to food and drink dispensers, it needs improvement, especially in the way of simplification.

For instance, experiments have been conducted hoping to be able to make cultures in the establishment and thus obviate the need of carrying utensils to and from the laboratory. Certain obstacles in the way of this step have not been overcome. No doubt as others become interested in the matter of rating establishments on a scientific instead of a haphazard basis, this difficulty will be overcome and many other improvements devised. In fact it is very likely a time will come when so many improvements will have been made that the original system can hardly be recognized. This is but a start. It is hoped sufficient interest may be aroused elsewhere that others will give the problems presented sufficient thought so that eventually a perfected system may be devised."



In California, last year, communicable diseases claimed more victims among children five to nine years of age than in those of any other age group. This refers, particularly, to chickenpox, diphtheria, German measles, measles, mumps, scarlet fever and whooping cough. One-sixth of all cases of communicable diseases reported last year were in children of this age group.

Rest Important In Poliomyelitis.

Patients who have epidemic poliomyelitis (infantile paralysis) should be kept absolutely quiet in bed until all pain and tenderness have gone. Paralyzed muscles should be kept warm with hot fomentations and affected muscles should not be stretched. Rest and quiet are of the utmost importance. The whole body should be kept at rest and movements of the trunk should be restricted as well as movements of the spine. In severe cases the patient should be wrapped in cotton and plaster bandages, or splints may be applied. The things to avoid at this stage of the illness are movement of the body and stretching of the muscles. Rest is the most important factor in bringing recovery without permanent paralysis.

After convalescence begins there is a desire to see if the patient may be able to use a damaged leg or arm. There is a tendency, even, to get the patient on his feet before he is ready to be up. This may be most harmful. Proper care at this time determines whether the paralysis shall be temporary or permanent. Interference by massage or electricity, at the wrong time, can produce permanent injury.

Damage to the delicate spinal cord tissue may impede or make impossible the ultimate recovery of the patient. Tenderness must have disappeared entirely and the extent of the damage to the spinal cord must be definitely known before any form of massage or other interference is used. None of these procedures should be applied except under medical advice and supervision. Improvement may be slow, but if corrective measures are applied diligently surprising results may be obtained.

If these precautions are observed many cases of paralysis may be prevented. Massage, before the proper time, is specially to be avoided. The natural process of recovery should always be given an opportunity before any artificial means are used and no form of treatment should be applied, under any circumstances, without proper medical supervision.

That every nurse who enters a home should be prepared to give definite and suitable health instruction is now so generally accepted that the fact needs no reiteration, and the specific education of the public health nurse is very largely concerned in fitting her for this function.—Mary S. Gardner.

Poliomyelitis Cases Gradually Diminishing.

The outbreak of acute poliomyelitis (infantile paralysis) which has prevailed in California since June is disappearing rapidly. This state was the first to be visited this year by an outbreak of acute poliomyelitis. New Mexico was next, followed by Oklahoma, Ohio, Illinois, Massachusetts, Pennsylvania and New York City. Other middle western states, among them Wisconsin, Kansas, Michigan and Missouri, are now in the midst of devastating epidemics of the disease.

Ohio and Massachusetts have suffered worst, as many as 128 cases having been reported during a single week in Ohio and 106 in Massachusetts during a like interval. The greatest number of cases to be reported during a single week in California was 79, during the week ending September 17. The total number of cases reported in the United States during 1927 is about the same as the number reported during 1925, but nearly three times the number reported during 1926. During recent weeks, however, the number of cases has far exceeded the number reported during corresponding periods of both 1925 and 1926. In California more than 900 cases, with 101 known deaths to September 1, have been reported since January 1. Following are the number of cases as reported in California since June 1.

June	75 cases
July	214 cases
August	315 cases
September	256 cases

MORBIDITY.*

Diphtheria.

151 cases of diphtheria have been reported, as follows: Alameda County 2, Berkeley 3, Oakland 12, Butte County 1, Chico 1, Gridley 2, Contra Costa County 1, Pittsburg 1, Brawley 1, Los Angeles County 8, El Monte 1, Glendale 1, Huntington Park 3, Los Angeles 57, Pasadena 1, Mill Valley 1, Ukiah 1, Merced County 1, Napa 2, Santa Ana 2, Riverside County 3, Sacramento 2, San Bernardino County 4, San Bernardino 2, San Diego 7, San Francisco 17, Stockton 1, San Mateo 2, Daly City 1, Redwood City 3, Santa Clara County 1, Mayfield 1, Loyalton 1, Modesto 1, Yuba City 1, Tulare County 1, Marysville 1.

Measles.

43 cases of measles have been reported, as follows: Berkeley 1, Oakland 3, Los Angeles County 2, Azusa 1, Glendale 1, Long Beach 1, Los Angeles 1, Pasadena 1, San Fernando 1, Riverside 2, Sacramento 1, San Bernardino County 2, San Diego County 1, San

*From reports received on October 24th and 25th for week ending October 22d.

Francisco 6, San Luis Obispo County 2, Arroyo Grande 1, San Luis Obispo 2, Santa Barbara County 3, Petaluma 1, Tulare County 1, Tuolumne County 9.

Scarlet Fever.

137 cases of scarlet fever have been reported, as follows: Alameda 1, Berkeley 4, Oakland 19, Chico 5, Fortuna 1, Callexico 1, Kern County 1, Kings County 1, Los Angeles County 9, Covina 1, Glendale 2, Los Angeles 18, Pasadena 1, San Gabriel 2, San Marino 1, Whittier 4, Lynwood 6, Madera County 2, Sausalito 1, Brea 1, Fullerton 2, Santa Ana 3, Riverside County 2, Riverside 2, San Bernardino County 5, Ontario 1, San Bernardino 2, San Diego County 1, Coronado 1, San Diego 4, San Francisco 18, Stockton 5, San Luis Obispo County 1, Santa Clara County 1, Palo Alto 1, San Jose 2, Rio Vista 1, Petaluma 1, Modesto 2, Tulare County 1.

Smallpox.

10 cases of smallpox have been reported, as follows: Berkeley 5, Hayward 1, Oakland 1, Sacramento 1, San Francisco 1, Burlingame 1.

Typhoid Fever.

16 cases of typhoid fever have been reported, as follows: Berkeley 1, Oakland 1, Los Angeles 3, Pasadena 1, Napa County 1, San Bernardino County 1, San Diego County 2, San Joaquin County 1, Santa Clara County 2, Yuba City 1, Visalia 1, California 1.

Whooping Cough.

94 cases of whooping cough have been reported, as follows: Alameda 3, Berkeley 4, Oakland 5, Los Angeles County 1, Compton 5, Long Beach 7, Los Angeles 11, Pasadena 2, Monterey Park 1, Sausalito 1, Orange County 4, Orange 1, Santa Ana 2, Tustin 6, Ontario 4, San Diego County 3, San Diego 24, San Francisco 1, San Joaquin County 3, San Mateo 1, San Jose 4, Petaluma 1.

Meningitis (Epidemic).

Six cases of epidemic meningitis have been reported, as follows: Alameda County 1, Los Angeles 1, Torrance 1, Fullerton 1, Santa Barbara County 1, Petaluma 1.

Jaundice (Epidemic).

San Luis Obispo reported 3 cases of epidemic jaundice.

Food Poisoning.

Two cases of food poisoning have been reported, as follows: Los Angeles 1, South Gate 1.

Poliomyelitis.

32 cases of poliomyelitis have been reported, as follows: Alameda 1, Emeryville 1, Oakland 1, Butte County 1, Chico 1, Colusa County 1, Humboldt County 2, Eureka 5, Los Angeles County 2, Huntington Park 1, Los Angeles 6, Pasadena 1, Whittier 1, Nevada County 1, Fullerton 1, Oceanside 1, San Francisco 1, San Joaquin County 1, Santa Clara County 1, Siskiyou County 1, Tulare County 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending Oct. 22 received by Oct. 25	Week ending			Reports for week ending Oct. 23 received by Oct. 26
	Oct. 1	Oct. 8	Oct. 15		Oct. 2	Oct. 9	Oct. 16	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	70	78	123	172	82	105	126	148
Diphtheria	90	106	120	151	98	139	117	117
Dysentery (Bacillary)	1	3	3	9	2	1	2	0
Encephalitis (Epidemic)	2	2	0	0	2	0	3	1
Food Poisoning	0	1	21	2	0	0	0	1
Gonococcus Infection	97	176	92	118	110	104	101	76
Influenza	12	25	21	15	19	18	15	10
Jaundice (Epidemic)	0	0	1	3	0	0	0	2
Leprosy	0	0	0	0	0	2	0	1
Malaria	2	0	1	2	1	3	1	4
Measles	25	46	55	43	377	367	450	507
Meningitis (Epidemic)	1	7	3	0	5	2	3	2
Mumps	48	56	72	51	110	101	129	131
Paratyphoid Fever	2	1	2	0	3	3	0	2
Pneumonia (Lobar)	25	75	33	45	24	27	73	33
Poliomyelitis	51	40	39	32	5	3	3	6
Rabies (Animal)	6	4	2	4	6	9	10	12
Rabies (Human)	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	78	105	109	137	118	132	166	192
Smallpox	9	5	3	10	12	19	18	7
Syphilis	134	182	98	96	110	152	109	96
Tetanus	2	0	1	1	1	0	0	0
Trachoma	4	2	6	7	14	2	3	0
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	142	191	155	219	163	192	124	194
Typhoid Fever	24	15	8	16	30	14	23	13
Typhus Fever	0	0	0	0	0	0	1	0
Whooping Cough	112	100	93	94	43	48	54	58
Totals	937	1220	1061	1233	1332	1443	1531	1613